

... the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

2431

PLACE OF BIRTH **SUPPLEMENT ATTACHED** **ARIZONA STATE BOARD OF HEALTH**
County of Graham BUREAU OF VITAL STATISTICS 175 State Index No. **541**
District of Pima ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 160
Town of " " Local Registrar's No. 53
City of " " (No. " " St. " " Ward)

FULL NAME OF CHILD _____ } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } MC

Sex of Child <u>male</u>	Twin, Triple or other <u>single</u>	and	Number in order of birth <u>5</u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug 19</u> 191 <u>5</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Lehas E. Lerrine</u>			Full Maiden Name <u>Betty Stinson</u>		
Residence <u>Pima</u>			Residence <u>Pima</u>		
Color or Race <u>white</u>	Age at last Birthday <u>34</u> (Years)	Color or Race <u>white</u> Age at last Birthday <u>29</u> (Years)			
Birthplace <u>Utah</u>		Birthplace <u>Alabama</u>			
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>			
Number of child of this mother <u>5</u>		Number of children, of this mother, now living <u>5</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 8/19 1915, at 7³⁵ P. M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) P. C. Dyam
(Attending physician, midwife, householder. *)

Address Pima Arizona

Given or christian name added from a supplemental report 191

Filed 9/5 1915 Mrs P. C. Dyam LOCAL REGISTRAR.
A True Copy G. S. MARTIN, COUNTY REGISTRAR.
Filed 9/10 1915

666-104-205 COUNTY REGISTRAR.